(v) stocks were to be insured in favour of NAFED at the cost of business associate, (vi) sale/delivery of stock were to be against full payment/post dated cheques, (vii) exports of commodities like iron ore etc. were to be made through NAFED, (viii) in some of the cases, it was specified that the transactions were to be preferably completed within a period of four months.

NAFED has taken steps to recover the outstanding amount by filing criminal complaints with CBI/Economic Offences wing of the Crime Branch of Delhi Police, besides initiating legal cases and Arbitration proceedings against the defaulting parties. All these legal cases are being vigorously pursued by NAFED. The properties/stocks of the defaulting parties in all possible cases have been restrained and action for disposal of such properties/stocks has also been initiated. The cases have also been filed under Section 138 of Negotiable Instrument Act for dishonour of all cheques of the defaulting parties.

Pregnancy related deaths

*266.SHRI B. J. PANDA:

MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that half a million of women die during child-birth, of whom 70,000 are from India, in other words a woman dies every six minutes from a pregnancy-related cause in India, as per a new survey conducted by an NGO "The White Ribbon Alliance India";

(b) whether Government is also aware that a country's maternal mortality rate is considered to be the best indicator of its health system; and

(c) if so, what is the action plan of Government to control the high rate of woman mortality during child-birth?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) The Registrar General of India, Ministry of Home Affairs, brings out estimates of maternal mortality through its Sample Registration System. As per the latest survey report titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors" published in the year 2006 by the Registrar General of India, nearly 78,000 maternal deaths have been estimated on the basis of about 26 million births in 2004. It has been ascertained from the NGO "The White Ribbon Alliance India" that they have not conducted any such survey.

For a holistic appreciation of the status of health care, several morbidity and mortality indicators are relevant and required to be monitored, including Maternal Mortality Ratio.

In this context, the National Rural Health Mission (NRHM) was launched in April, 2005, to improve access to equitable, affordable, accountable and effective primary health care, especially in the rural areas of the country, particularly for poor women and children, with special focus on 18 States which have weak public health indicators and weak infrastructure. Under the Mission, the following key strategies and interventions are being implemented to accelerate the pace of reduction in maternal mortality, namely:

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;

- The recently conducted District Level Household Survey (DLHS-III) has shown increase in institutional deliveries in most States. Kerala has shown 99.4% institutional delivery, Puducherry has shown 99.1% institutional delivery and Chandigarh has shown an increase of 28.7% points in institutional deliveries over the previous DLHS-II survey. Even States with low institutional delivery rates have shown increase in institutional deliveries. For example, in Madhya Pradesh, institutional deliveries have increased by 18.85% points and in Rajasthan this increase is 15.2% points.
- Operationalizing Community Health Centers as First Referral Units (FRUs) and Primary Health Centers for 24X7 services;
- Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance;
- Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section;
- Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation;
- Organizing Village Health & Nutrition Day at Anganwadi Centers;
- Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women;
- Strengthening of Health Facilities, *i.e.*, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.

Supply of foodgrains to ration card holders

*267.SHRI VIJAYKUMAR RUPANI: Will the Minister of CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION be pleased to state:

(a) the criteria set for determining Below Poverty Line (BPL);

(b) the steps taken by Government so that the ration cards are only issued to genuine house-holds; and

(c) the steps taken for the storage of foodgrains to ensure regular and adequate supply to ration card holders?

THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI SHARAD PAWAR): (a) to (c) For identification of persons living below poverty line, Planning Commission uses a poverty line index based on per capita consumption expenditure. Poverty line is expressed in terms of per capita consumption expenditure needed to attain the minimum amount of calorie intake out of food consumed alongwith a minimum amount of non-food expenditure. The national poverty line at 2004-05 prices is Rs.356.30 per capita per month in rural areas and Rs.538.60 per capita per month in urban areas. State specific poverty lines are derived from National Poverty Line using State specific price indices and inter State price differentials.